



**EMPLOYEE  
CERTIFICATION  
FOR WORK ON FEDERAL  
CONTRACT/GRANT  
PROGRAMS**

This certifies that the following is a true and correct statement of compensation for salaries and wages under a federal contract/grant program for the Walker River Paiute Tribe.

EMPLOYEE NAME: Corey Tom SSN: N/A

Department: Environmental

Position Title: Air Quality Technician

**POSITION PAID FROM FOLLOWING:**

Federal Agency: EPA

Federal Program Name: Clean Air Act

Contract/Grant No. TX-00T93501-0

Award/Acct. Number: \_\_\_\_\_

Grant Period: 10/1/12 - 9/30/13

Period Covered by Certification: 10/1/12 - 3/31/13

I certify that the above is true to the best of my knowledge and belief, and that my compensation for the above position was/is based upon my work solely for the program listed above.

Corey Tom  
Employee Signature

4/13  
Date 10-8-15

[Signature]  
Program Director

10/8/15  
Date

Note: Copies of this completed form must be submitted to Payroll and Personnel on a semi-annual or updated as needed pursuant to A-133 Federal Requirements.



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This certifies that the following is a true and correct statement of compensation for salaries and wages under a federal contract/grant program for the Walker River Paiute Tribe.

EMPLOYEE NAME: RAYMOND MONTGOMERY, JR.

Department: ENVIRONMENTAL

Position Title: GIS TECHNICIAN

**POSITION PAID FROM FOLLOWING:**

Federal Agency: U.S. ENVIRONMENTAL PROTECTION AGENCY

Federal Program Name: GENERAL ASSISTANCE PROGRAM

Contract/Grant No. DOT95601

Award/Acct. Number: \_\_\_\_\_

Grant Period: 10/1/12 - 9/30/16

Period Covered by Certification: 4/1/13 - 9/30/13

I certify that the above is true to the best of my knowledge and belief, and that my compensation for the above position was/is based upon my work solely for the program listed above.

Raymond Montgomery, Jr.  
Employee Signature

10/1/13  
Date

[Signature]  
Program Director

10/8/15  
Date

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EMPLOYEE NAME: RAYMOND MONTROYA, JR.

Department: ENVIRONMENTAL

Position Title: BIS TECHNICIAN

**POSITION PAID FROM FOLLOWING:**

Federal Agency: U.S. ENVIRONMENTAL PROTECTION AGENCY

Federal Program Name: GENERAL ASSISTANCE PROGRAM

Contract/Grant No. DOT 95601

Award/Acct. Number: \_\_\_\_\_

Grant Period: 10/1/12 - 9/30/16

Period Covered by Certification: 10/1/12 - 3/31/13

I certify that the above is true to the best of my knowledge and belief, and that my compensation for the above position was/is based upon my work solely for the program listed above.

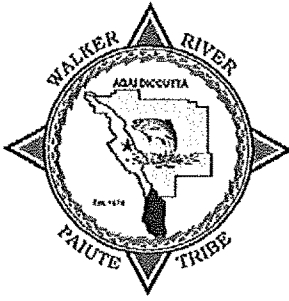
Raymond Montoya Jr.  
Employee Signature

4/1/13  
Date 10/8/15

[Signature]  
Program Director

10/8/15  
Date

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## EMPLOYEE CERTIFICATION FOR WORK ON FEDERAL CONTRACT/GRANT PROGRAMS

This certifies that the following is a true and correct statement of compensation for salaries and wages under a federal contract/grant program for the Walker River Paiute Tribe.

EMPLOYEE NAME: Gina L. Wachsmuth SSN: 559-17-0917

Department: Water Resources

Position Title: Water Quality Technician

### POSITION PAID FROM FOLLOWING:

Federal Agency: US Environmental Protection Agency

Federal Program Name: CWA Section 106 Water Pollution Control

Contract Grant Number: I - 99950312-2

Award/Account Number: 5046

Grant Period: October 1, 2013 - September 30, 2014

Period Covered by Certification: April 1, 2014 - September 30, 2014

I certify that the above statement is true to the best of my knowledge and belief, and that my compensation for the above position was/is based upon my work solely for the program listed above.

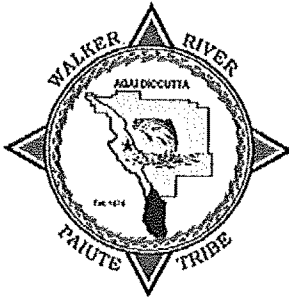
Gina Wachsmuth  
Employee Signature

October 1, 2014  
Date 10/5/15

Gina Wachsmuth  
Program Director

October 1, 2014  
Date 10/5/15

Note: Copies of this completed form must be submitted to Payroll and Personnel on a semi-annual or updated as needed pursuant to A-33 Federal Requirements



## EMPLOYEE CERTIFICATION FOR WORK ON FEDERAL CONTRACT/GRANT PROGRAMS

This certifies that the following is a true and correct statement of compensation for salaries and wages under a federal contract/grant program for the Walker River Paiute Tribe.

EMPLOYEE NAME: Gina L. Wachsmuth SSN: 559-17-0917

Department: Water Resources

Position Title: Water Quality Technician

### POSITION PAID FROM FOLLOWING:

Federal Agency: US Environmental Protection Agency

Federal Program Name: CWA Section 106 Water Pollution Control

Contract Grant Number: I - 99950309-2

Award/Account Number: 5046

Grant Period: October 1, 2010 - September 30, 2011

Period Covered by Certification: April 1, 2011 - September 30, 2011

I certify that the above statement is true to the best of my knowledge and belief, and that my compensation for the above position was/is based upon my work solely for the program listed above.

Gina Wachsmuth  
Employee Signature

October 1, 2011  
Date "10/5/15"

Gina Wachsmuth  
Program Director

October 1, 2011  
Date "10/5/15"

Note: Copies of this completed form must be submitted to Payroll and Personnel on a semi-annual or updated as needed pursuant to A-33 Federal Requirements



## EMPLOYEE CERTIFICATION FOR WORK ON FEDERAL CONTRACT/GRANT PROGRAMS

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EMPLOYEE NAME: Gina L. Wachsmuth SSN: 559-17-0917

Department: Water Resources

Position Title: Water Quality Technician

### POSITION PAID FROM FOLLOWING:

Federal Agency: US Environmental Protection Agency

Federal Program Name: CWA Section 106 Water Pollution Control

Contract Grant Number: I - 99950309-2

Award/Account Number: 5046

Grant Period: October 1, 2010 - September 30, 2011

Period Covered by Certification: October 1, 2010 - March 31, 2011

I certify that the above statement is true to the best of my knowledge and belief, and that my compensation for the above position was/is based upon my work solely for the program listed above.

Gina Wachsmuth  
Employee Signature

April 1, 2011  
Date 10/5/15

Gina Wachsmuth  
Program Director

April 1, 2011  
Date 10/5/15

Note: Copies of this completed form must be submitted to Payroll and Personnel on a semi-annual or updated as needed pursuant to A-33 Federal Requirements



## EMPLOYEE CERTIFICATION FOR WORK ON FEDERAL CONTRACT/GRANT PROGRAMS

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EMPLOYEE NAME: Gina L. Wachsmuth SSN: 559-17-0917

Department: Water Resources

Position Title: Water Quality Technician

### POSITION PAID FROM FOLLOWING:

Federal Agency: US Environmental Protection Agency

Federal Program Name: CWA Section 106 Water Pollution Control

Contract Grant Number: I - 99950309-1

Award/Account Number: 5046

Grant Period: October 1, 2009 - September 30, 2010

Period Covered by Certification: October 1, 2009 - March 31, 2010

I certify that the above statement is true to the best of my knowledge and belief, and that my compensation for the above position was/is based upon my work solely for the program listed above.

Gina L. Wachsmuth  
Employee Signature

April 1, 2010  
Date

Gina Wachsmuth  
Program Director

April 1, 2010  
Date

Note: Copies of this completed form must be submitted to Payroll and Personnel on a semi-annual or updated as needed pursuant to A-33 Federal Requirements



## EMPLOYEE CERTIFICATION FOR WORK ON FEDERAL CONTRACT/GRANT PROGRAMS

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EMPLOYEE NAME: Gina L. Wachsmuth SSN: 559-17-0917

Department: Water Resources

Position Title: Water Quality Technician

### POSITION PAID FROM FOLLOWING:

Federal Agency: US Environmental Protection Agency

Federal Program Name: CWA Section 106 Water Pollution Control

Contract Grant Number: I - 99950309-1

Award/Account Number: 5046

Grant Period: October 1, 2009 - September 30, 2010

Period Covered by Certification: April 1, 2010 - September 30, 2010

I certify that the above statement is true to the best of my knowledge and belief, and that my compensation for the above position was/is based upon my work solely for the program listed above.

Gina L. Wachsmuth  
Employee Signature

10/1/10  
Date 10/05/10

Gina L. Wachsmuth  
Program Director

10/1/10  
Date 10/5/10

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This certifies that the following is a true and correct statement of compensation for salaries and wages under a federal contract/grant program for the Walker River Paiute Tribe.

EMPLOYEE NAME: Vicki Moyle

Department: Environmental

Position Title: Environmental Director

**POSITION PAID FROM FOLLOWING:**

Federal Agency: US Environmental Protection Agency

Federal Program Name: \_\_\_\_\_

Contract/Grant No. 00T39701

Award/Acct. Number: \_\_\_\_\_

Grant Period: 9/01/10 - 12/31/15

Period Covered by Certification: June 1, 2011 - August 30, 2011

I certify that the above is true to the best of my knowledge and belief, and that my compensation for the above position was/is based upon my work solely for the program listed above.

Employee Signature [Signature]

Date 10/8/15

[Signature]  
Program Director

10/8/15  
Date

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